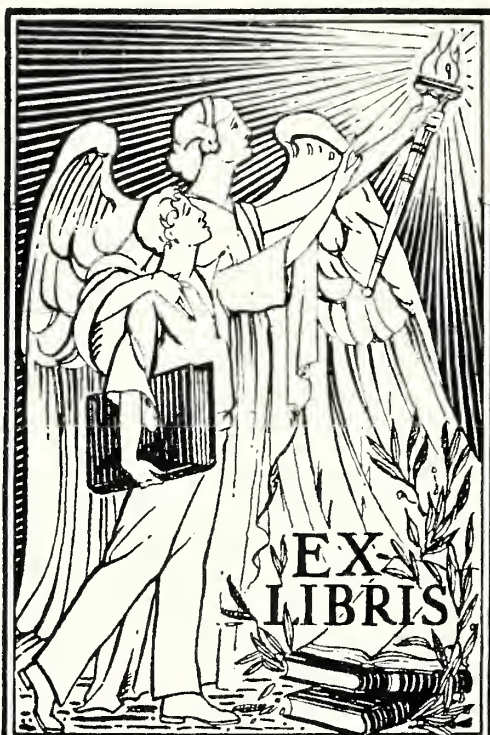


Michigan Commission for
Independent living for
the blind in Michigan.

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Independent Living for the Blind in Michigan



Michigan
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for the Blind

**"Opportunities for
Employment and
Independence"**

Michigan Commission for the Blind
Saginaw State Office Building
411-G East Genesee
Saginaw, MI 48607

AMERICAN FOUNDATION FOR THE BLIND
15 WEST 16th STREET
NEW YORK, NY 10011

INDEPENDENT LIVING REHABILITATION PROGRAM

MICHIGAN COMMISSION FOR THE BLIND

GOAL

The goal of the Independent Living Rehabilitation Program is to provide a broad range of independent living rehabilitation services that will allow older and multiply disabled people who are blind to reside as independently as possible within their community.

HISTORY:

In February, 1980, the Commission for the Blind initiated the Senior Blind Program in Saginaw in an effort to respond to the service needs of older blind people in Michigan. Impetus for this program came as a result of PA 260 of 1978 which called for "Rehabilitation services for blind persons who are senior citizens so that they may reside within a community." The language in the legislation recognized the increasing demands that older people who are blind will be making upon social and medical support systems in the coming years. Coincidentally, federal legislation under Title VII, Part C, of the Vocational Rehabilitation Act of 1973, as amended in 1978, called for services to older blind individuals, as well as other independent living service. The initial project proposal of the senior blind program projected a two-year pilot program to assess needs, develop a service delivery and a management system that would be expanded statewide in 1981.

In 1980, the Commission for the Blind received funding under Title VII, Part B, of the Vocational Rehabilitation Act to establish the Urban/Rural Center for Independent Living. This field program serves the very rural upper part of Michigan's lower peninsula from Gaylord, Michigan, and it serves the more urban community of Lansing, Michigan. This program serves both younger and older people who are multiply-disabled, and the hallmark of the program lies in its ability to champion consumer involvement.

In 1982, the Commission for the Blind received funding under Title VII, Part B, grant to fund a project to serve frail minority elderly in the Detroit metropolitan area. In this project, we have developed a strong database, and we have developed quantitative methods to measure functional gain.

And in 1986 we were awarded funding under Title VII, Part C, to establish our Vintage Project. This program provides a broad range of independent living rehabilitation services to older blind individuals, and in addition, the project has developed a series of components to explore how to best involve the family to reinforce rehabilitation gains.



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In each of the programs we have been able to build upon our experience and explore increasingly complex issues. We continue to stress traditional skills training in communication, cooking, time and money, and travel. In addition, we have enhanced the quality of low vision services by using optometry interns to provide training in the client's home environment. Moreover, we use audiology interns to provide hearing screenings as well as training in the use and maintenance of hearing aids. We have also come to realize the value of good case management practices, and we increasingly appreciate the importance of accurate information and referral services.

TARGET POPULATION:

In the State of Michigan there are over 83,000 individuals over the age of 65 who are severely visually impaired. Virtually all older blind people have lost their vision as a result of the aging process, and therefore, the great majority of older blind people are individuals who have grown up, worked, and reared their families as sighted people; consequently, they are largely unaware of services available to younger blind people.

PREVALENCE OF SEVERE VISION IMPAIRMENT MICHIGAN, 1985*

<u>AGE RANGE</u>	<u>POPULATION</u>	<u>PREVALENCE PER 1000</u>	<u>SEVERE VISION IMPAIRMENT</u>
0-24	3,590,883	.528	1,896
25-34	1,600,475	1.23	1,969
35-44	1,187,325	1.68	1,995
45-54	842,972	4.8	4,046
55-64	844,800	7.8	6,589
65-74	619,760	47.0	29,129
75-84	306,113	99.0	30,305
85+	<u>96,017</u>	250.0	<u>24,000</u>
	9,088,345		99,929

*1 Unpublished Data, Department of Commerce, Bureau of the Census.

2. Prevalence based on National Center for Health Statistics, Supplement of Aging, 1984.

INDEPENDENT LIVING REHABILITATION SERVICES:

The basic premise of the Independent Living Rehabilitation Program is that people can be taught skills that allow them to live more independent, more productive lives. Independence is translated as human dignity and choices.

Services are tailored to address the specific independent living rehabilitation needs of older and multiply disabled blind people. Therefore, training focuses upon tasks that are associated with loss of vision and hearing as well as other coincidental age-related health conditions: stroke, arthritis, senile dementia, etc.

Independent Living Specialists provide training in communication skills, including braille, handwriting, use of tape recorders and large print materials. Adaptive skills are taught to instruct older blind people to continue to prepare meals safely and accurately. Training also allows individuals to travel independently, to cross streets, shop independently, and use public transportation. Skills are also taught in activities of daily living, including telling time, identifying coins and currency, as well as performing minor household repair.

In addition to these specific skill areas, low vision services are provided to utilize residual vision to perform near (reading) and distance (mobility) tasks.

Interns from Ferris State College of Optometry provide training in the use of low vision aids. Moreover, hearing services are provided to enhance that residual sense, and interns from the Hearing Clinic of Central Michigan University provide training in the operation and maintenance of hearing aids, as well as provide hearing screenings.

Older blind people helping each other has become a rich, dynamic force that has shaped the character of our Independent Living Rehabilitation Program. Seven peer support programs foster interaction and support among blind elders, and they learn from the strength and resilience of their colleagues.

CLIENT CHARACTERISTICS

Five hundred forty-two individuals have been referred to the Independent Living Rehabilitation Program in 1987. The average age is about 75, and forty percent of the referrals are eighty years of age and older. This age distribution reflects the increasing incidence of blindness in individuals as they grow older.

Two thirds of the clients are women, and nearly two-thirds of the women are widowed. Most women manage to remain rather successful in coping with their blindness and staying in a home environment. By contrast, two-thirds of the men live with their spouse, and they function well in the home environment as long as their wives can provide support services. Very few older blind men are able to remain at home independently without a significant other to assist them.

TABLE II

Demographic Characteristics of the 109 active clients receiving ILR services (Status 18 and 27).

<u>Gender</u>	<u>Frequency</u>	<u>Percent</u>	<u>Age</u>	<u>Years</u>
Male	38	35	Mean	77.5
Female	71	65	Standard Deviation	8
			Range	63-90
<u>Ethnicity*</u>			<u>Education</u>	<u>Years</u>
Black	31	35	Mean	10
Caucasian	57	64	Standard Deviation	3
Other	1	1	Range	0-17
<u>Marital Status</u>				
Married	25	23		
Divorced	8	8		
Never Married	14	13		
Widowed	53	50		
Separated	7	7		

TABLE III

TABLE IV

N=104		
<u>Eye Impairment</u>	<u>Frequency</u>	<u>%</u>
Macular Degeneration	33	35
Glaucoma	9	9
Diabetic Retinopathy	9	9
Cataract	11	12
One or more of above	14	15
Other	19	20

N=104		
<u>Reported Active Pathologies</u>	<u>Frequency</u>	<u>%</u>
Arthritis	58	56
Heart Disease	36	35
Hypertension	31	30
Diabetes	27	26
Cancer	6	6
Other	15	16

Table V

Demographic Characteristics of the 74 active clients in Vintage Project

<u>Gender</u>	<u>Frequency</u>	<u>Percent</u>
Male	26	35
Female	48	65

<u>Age</u>	<u>Years</u>
Mean	73.7
Standard Deviation	9
Range	46-91

<u>Ethnicity</u>		
Black	16	26
Caucasian	46	74

<u>Education</u>	<u>Years</u>
Mean	10
Standard Deviation	3
Range	3-19

<u>Marital Status</u>		
Married	18	30
Divorced	3	5
Never Married	8	13
Widowed	29	48
Separated	2	3

TABLE VI

TABLE VII

N=29		
<u>Eye Impairment</u>	<u>Frequency</u>	<u>%</u>
Macular Degeneration	5	17
Glaucoma	1	3
Diabetic Retinopathy	6	21
Cataract	3	10
Stroke	1	3
Hemorrhage	1	3
Other	3	10

N=32		
<u>Reported Active Pathologies</u>	<u>Frequency</u>	<u>%</u>
Arthritis	19	59
Heart Disease	12	38
Hypertension	14	44
Diabetes	12	38
Cancer	5	16
Kidney	4	13
Respiratory	8	25
Other	6	19

FUNDING

<u>Source</u>	<u>Program</u>	<u>Year Initiated</u>	<u>Amount</u>	<u>Staff</u>
State General Fund	Saginaw	1979	216,000	4.3
Title VII, PtB	Gaylord/ Lansing	1980	270,000	6
Title VII, PtB	Detroit	1982	204,000	3.3
Title VII, PtC	Vintage	1986	200,000	4.3
Title VII, PtA		1985	58,000	

SERVICE AREAS

As resources have been captured, the Commission has been able to expand the service area for independent living. The agency goal is to achieve an equity of independent living services across the state. Currently 42 counties have some service. In FY 1988 we hope to expand service to the Upper Peninsula.



POLICY AND PLANNING IMPLICATIONS

Policy makers on the state and national levels are just beginning to address the issue of the service needs of older and multiply disabled citizens who are blind.

During the next twenty years, the number of citizens over 75 who are blind will increase by 50% from 27,000 to 40,000. Moreover, in Michigan alone, tremendous resources are being expended on this relatively small population. For example, blind seniors comprise nine percent of the elderly caseload of Medicaid funded chore services; these 1,530 older blind individuals receive \$3.7 million in chore services annually. In addition, very conservative estimates suggest that 48 percent of the residents of nursing homes are visually impaired. And current estimates suggest that nearly 20% of the older blind reside in long term care institutions at an annual national cost of over \$4.9 billion.

This policy obviously is costly, and it calls into question the dignity of life for older blind people. Public policy has assumed that either older blind people can remain totally independent or they must reside in the most dependent situation, and public policy has further assumed that it is cheaper to deny services than provide them. If rehabilitation services could impact upon only one percent of this population by delaying needless institutionalization for one year, the savings to society would be \$49,000,000.

Given the projected fifty percent increase in the number of older blind people in Michigan, the current demand for resources will increase dramatically in the coming years. Prudent policy should address the issue of containing these costs by providing independent living rehabilitation services that allow the elderly and multiply disabled people who are blind to remain at home with as much independence for as long as possible.

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